

NAME

SUPERVISOR GAS FITTER

	FOR OFFICE USE
RE	C'D
FO	RM
DA	TE
BY	
EX	AM 1
EX	AM 2
EX	AM 3
LIC	CENSE#
OR	G.DATE

ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION 4815 WEST MARKHAM STREET, SLOT # 24 LITTLE ROCK, ARKANSAS 72205-3867 PHONE (501) 661-2642 • FAX (501) 661-2671

	Last		First		Middle	
SOCIAL SECURITY			D.O.B			
The agency is required to obtain Except for its use in child suppo	n your Social Security Num	ber for the purpose	of child support enf	orcement.	held confidential.	
HOME / CELL PHONE_		WORK	PHONE			
MAILING ADDRESS						
CITY		S	STATE			
ZIP CODE	COUNTY		EMAIL			
CANDIDATE'S BACKGR	OUND					
FORMAL EDUCATION	Please check: G	ED 🗆	High School D	iploma 🔲	College Degree	
Have you ever pled guilt date, the state and natu						
CURRENT LICENSES, IF						
Attach copies of license	•			sas, verification	of you license will be	require
See Request for Licens	e Verification attac	ned to this ap	plication.			
LICENSE NUMBER		TYPE		ISSUSER		
ORIG. ISSUE DATE		EX	(PERIATION DA	ιΤΕ		

LICENSE NUMBER	TYPE	ISSUSER
ORIG. ISSUE DATE	EXPERIATI	ON DATE
If you are advancing from an Ar fitter or master plumber you have	-	vide the name and license number of the supervisor ga
NAME	LICEN	SE NUMBER

PROVIDE NATURAL GAS EXPERIE	NCE, QUALIFICATIONS.	

COMPANY UNDER WHICH YOU V	VILL BE WORKING:	
NAME	LICEN	ISE NUMBER
LOCATED AT	STREET	
CITY	STATE	ZIP

REQUEST FOR VERIFICATION OF LICENSE

<u>Use this form to verify licensure from outside Arkansas, is applicable.</u>

<u>Out of state licensing will not be considered by the Committee without the proper completion of this form.</u>

PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME				
Last	First	Middle		
SOCIAL SECURITY	D.O.B			
MAILING ADDRESS				
CITY	STATE	ZIP CODE		
HOME / CELL PHONE	WORK PHONE			
EMAIL				
	ate of Arkansas as atate under the name of			
My license number in your state is	/ was			
Signature of Applicant		Date		

P.A	ART 2 – TO BE COMPLETED BY THE N Please furnish the requested information and			
Name of Verifying State				
Name of Licensee (as it appears in	the Verifying State's records)			
Name of Qualifying Person				
Classification of Licensed Issued				
License Number	License Expiration	Date		

Has the licensee been continu	ally licensed since the date of origi	nal license? YESNO
Is the applicant's license curre	nt? YES NO	
Is the applicant's license in go	od standing and renewable? YES	NO
Has there been any disciplinary a	ction or is any disciplinary action pend	ling against the license?
YES NO		
Was the license issued based on	examination? YESNO	-
	If YES, please provide	the following:
Examination Type		Date(s):
Examination Score		
Code Model Base for the exan	nination (IPC, IFGC, NPC, etc) _	
Was Education and / or Work	Experience required for licensure?	YES NO
SIGNATURE QUALIFYING PERS	SON	DATE
PRINTED NAME	тт	TLE
	PHONE NUMBER	
(SEAL)	EMAIL	
	AGENCY	